| | | | | | | | | | | Application or Docket Number | | | | | |
|--|--|---|--------------------|---------------------|---------------------------------|------------------|----------|----------|-------------------|------------------------------|--------|----------------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | | | |
| то | TAL CLAIMS | | 10 | | | | | RAT | E | FEE | | RATE | FEE | | |
| FO | ₹ | | NUMBER FILED | | NUMBER EXTRA | | | BASIC | FEE | 375.00 | OR | BASIC FEE | 750.00 | | |
| TO | TAL CHARGEA | BLE CLAIMS | 10 minus 20= | | • 0 | | | X\$ | 9= | | OR | X\$18= | _ | | |
| IND | EPENDENT CL | AIMS | 4 minus 3 = | | # | 1 | | X4: | ?= | | OR | X84= | 84 | | |
| MU | LTIPLE DEPEN | DENT CLAIM PF | IESENT | | | | | +14 | | | OR | +280= | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | | OR | TOTAL | 834 | | |
| | | | | | | | | | | | | OTHER | THAN | | |
| | | (Column 1) | | (Column 2) | | | 3) SMALL | | | ENTITY | OR | SMALL | | | |
| NTA | | CLAIMS REMAINING AFTER AMENDMENT | | | BER | PRESENT EXTRA | | RA | ſΈ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| AMENDMENT | Total | · /O | Minus | **2 | 0 | - 5 |] | X\$- | 9= | | OR | X\$18= | | | |
| MEN | Independent | * 4 | Minus | *** 4 | | | | X4 | 2= / | | OR | X84= | | | |
| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +18 | 0 ≡ | | OR | +280= | · | | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | | OTAL | | | TOTAL ADDIT. FEE | | | |
| | | | | | | | | | FEE | L | , | AUDIT. FEE | | | |
| NT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGI NUN PREV | HEST ABER OUSLY FOR | PRESENT EXTRA | | RA | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| AMENDMENT | Total | * | Minus | ** | | = |] | X\$ | 9= | | OR | X\$18= | | | |
| MER | Independent | * | Minus | *** | | = ' | | X4 | 2= | | OR | X84= | | | |
| | FIRST PRESE | NTATION OF M | ULTIPLE DEF | ENDEN | T CLAIM | <u>U_</u> | _ | +14 | IO= | | OR | | | | |
| | | | | | | | | <u> </u> | OTAL | | OR | TOTAL | | | |
| | | (Column 1) | | (Coli | ımn 2) | (Column 3 | 1) | ADDIT | . reë | | | AUUII. FEE | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIG NUI PREV | HEST MBER NOUSLY D FOR | PRESENT EXTRA | | RA | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| | Total | * | Minus | ** | | | | X\$ | 9≠ | | OR | X\$18= | | | |
| ME | Independent. | * | Minus | *** | 17 61 -15 | = | 4 | X4 | 2= | | OF | X84≈ | | | |
| E | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | ۰ | | 1 | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | OR | TOTAL | | | |
| **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | ADDIT. FEE | | | |
| | The "Highest Nu | mber Previously P | aid For" (Total o | r Indeper | ndeni) is th | e highest num | iber f | | | • | | | | | |
| L | MPTO-875 (Rev. | 300) . AIC C | overnment Printing | 069ca: 2003 | — 498-278f | 59151 | P | etent an | 1 Track | ernark Office, | U.Q. D | EPARTMENT C | FOOMMERD | | |

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